SPECIALTY QUALIFICATION TRAINING RECORD (SQTR) <u>Ground Team Member – Level 2</u>				
NAME (Last, First, MI)	CAPID		DATE ISSUED	
,				
			<u> </u>	
Item Prer	equisites	Date Comp	pleted	
Complete requirements for GTM 3		Date Comp		
The above listed member has completed the required prere				
and is authorized to serve in that specialty while supervised	d on training or a	ctual missio	ns.	
UNIT/WING/REGION COMMANDER OR	DAT	F		
AUTHORIZED DESIGNEE'S SIGNATURE		_		
Familiarization and Preparatory Training No Additional Training Is Required				
Advand	ed Training			
	J		Evaluator's CAPID and	
Task			Date Completed	
Complete Task O-0104 Set up Shelter Complete Task O-0202 Measure Distance with Pace Coun	t			
Complete Task O-0202 Measure Distance with Face Countries Complete Task O-0203 Navigate past an Obstacle	ı			
Complete Task O-0209 Identify The Major Terrain Features On A Map				
Complete Task O-0210 Identify Topographic Symbols On A Map				
Complete Task O-0211 Determine Elevation On Map				
Complete Task O-0212 Measure Distance On A Map	A ' th-			
Complete Task O-0213 Convert Between Map And Compass Azimuths Complete Task O-0215 Determine Azimutha On A Man Using Two Boints				
Complete Task O-0215 Determine Azimuths On A Map Using Two Points Complete Task O-0216 Orient A Map To The Ground Using Terrain				
Association	gronani			
Complete Task O-0217 Orient A Map To North Using A Compass				
Complete Task O-0420 Perform An Airfield Search (Ramp Check)				
Complete the appropriate portion of CAPT 117, <i>Emergency Services</i>				
Continuing Education examinations				
Exercise Participation The above listed member satisfactorily participated as a ground team member – level 2 trainee under my direct supervision on mission number				
	<u></u>			
QUALIFIED SUPERVISOR'S SIGNATURE DAT	ΓE			
The above listed member satisfactorily participated as a ground team member – level 2 trainee under my direct supervision on mission number				
QUALIFIED SUPERVISOR'S SIGNATURE DAT	 ГЕ			
Unit Certification	and Recommen	ndation		
Unit Certification and Recommendation The above listed member has completed the requirements for the ground team member – level 2 specialty qualification and is authorized to serve in that specialty on training or actual missions.				
UNIT/WING/REGION COMMANDER OR DATE	 rf			
AUTHORIZED DESIGNEE'S SIGNATURE	· -			

GTM2 SQTR, MAR 04 OPR/ROUTING: DOS

SPECIALTY QUALIFICATION TRAINING RECORD (SQTR) <u>Ground Team Member - Level 1</u>				
NAME (Last, First, MI)	CAPID	DATE ISSUED		
NAIVIE (Last, Filst, IVII)	CAFID	DATE ISSUED		
Prem	equisites			
Item	Date Compl	eted		
Complete requirements for GTM 2				
The above listed member has completed the required prerequisite	training for the ground team m	ember – level 1 specialty.		
UNIT/WING/REGION COMMANDER OR AUTHORIZED DESIGNEE'S SIGNATURE	DATE			
AUTHORIZED DESIGNEE S SIGNATURE				
Familiarization and	d Preparatory Training			
	. ,	Evaluator's CAPID and		
Task		Date Completed		
Complete Task O-0701 Recognize and React to Air to Ground Signature Transport of the Air to Ground Signature Transport				
The above listed member has completed the required familiarizati				
member – level 1 specialty qualification and is authorized to serve in that specialty while supervised on training or actual missions.				
UNIT/WING/REGION COMMANDER OR DAT	 E			
AUTHORIZED DESIGNEE'S SIGNATURE				
Advanc	ed Training	Frankrich de CADID aus d		
Task		Evaluator's CAPID and Date Completed		
Complete Task O-0401 Work with Canine Search Teams		Date Completed		
Complete Task O-0416 Plan Search Line Operations				
Complete Task O-0417 Organize a Search Line				
Complete Task O-0418 Control a Search Line				
Complete Task O-0419 Plan and Organize a Hasty Search				
Complete Task O-0703 Employ Ground to Air Signals				
Complete Task O-0802 Plan and Organize Site Surveillance				
Complete Task P-0201 Sign-In Team At Mission Complete Task P-0202 Plan And Brief Sortie				
Complete Task P-0202 Flan And Brief Softle Complete Task P-0203 Conduct Rehearsals				
Complete Task P-0204 Conduct After Action Review				
Complete the appropriate portion of CAPT 117, Emergency Service	ces Continuing			
Education examinations				
Exercise Participation				
The above listed member satisfactorily participated as a ground team member – level 1 trainee under my direct supervision on mission				
number				
OHALIEIED CLIDED/ICODIC CICNATURE				
QUALIFIED SUPERVISOR'S SIGNATURE DAT	E			
The above listed member satisfactorily participated as a ground to	eam member – level 1 trainee u	nder my direct supervision on mission		
number				
				
QUALIFIED SUPERVISOR'S SIGNATURE DAT	E			
Unit Certification	and Recommendation			
The above listed member has completed the requirements for the		specialty qualification and is		
authorized to serve in that specialty on training or actual missions				
LINITANING/DECION COMMANDED OD				
UNIT/WING/REGION COMMANDER OR DAT AUTHORIZED DESIGNEE'S SIGNATURE	E			
AUTHORIZED DEGIGNEE 3 SIGNATURE				
OTHE COTE MAD OF				

GTM1 SQTR, MAR 04 OPR/ROUTING: DOS